

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **180.00**

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 09/751,436 |
| Filing Date | 12/29/2000 |
| First Named Inventor | Bassam A. Saliba |
| Examiner Name | Chencinski, Siegfried |
| Art Unit | 3628 |
| Attorney Docket No. | MS1-426USC1 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity |
|--------------|--------------|----------|---------------|--------------|
| - 20 or HP = | x 50 | = | | Fee (\$) |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity |
|---------------|--------------|----------|---------------|--------------|
| - 3 or HP = | x 200 | = | | Fee (\$) |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

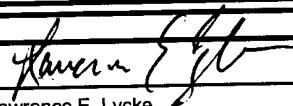
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1806 1.17(p) Submission of an Information Disclosure Statement 180.00

| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone |
|-------------------|---|--------------------------------------|----------------------|
| Signature |  | 38540 | (206) 315-4001 |
| Name (Print/Type) | Lawrence E. Lycke | | Date <u>12/27/04</u> |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

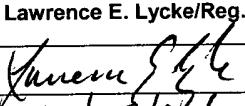
(to be used for all correspondence after initial filing)

| | |
|--|-------------------------|
| Application Number | 09/751,436 |
| Filing Date | 12/29/2000 |
| First Named Inventor | Bassam A. Saliba |
| Group Art Unit | 3628 |
| Examiner Name | SIEGFRIED E. CHENCINSKI |
| Total Number of Pages in This Submission | MS1-426USC1 |

ENCLOSURES (check all that apply)

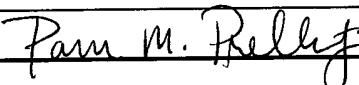
| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - References Cited (1) - PTO Return Postcard Receipt |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual Name | Lawrence E. Lycke/Reg. No. 38540 |
| Signature |  |
| Date | 12/27/04 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | |
|-----------------------|---|----------|
| Typed or printed name | Pam M. Prellwitz | |
| Signature |  | Date |
| | | 12/27/04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2 Application Serial No.....09/751,436
3 Filing Date12/29/2000
4 Confirmation No8755
5 InventorshipBassam A. Saliba
6 ApplicantMicrosoft Corporation
7 Group Art Unit3628
8 ExaminerCHENCINSKI, SIEGFRIED E
9 Attorney's Docket No.MS1-426USC1
10 Title: A System and Method for Secure Distribution of Information Via Email

11 **INFORMATION DISCLOSURE STATEMENT**

12 **References -- See Attached Form PTO-1449 (SB/08B)**

13 To: Commissioner for Patents
14 PO Box 1450
15 Alexandria, VA 22313-1450

16 From: Lawrence E. Lycke (Tel. 206-315-4001; Fax 509-323-8979)
17 Lee & Hayes, PLLC
18 421 W. Riverside Avenue, Suite 500
19 Spokane, WA 99201

20 The attached form PTO-1449 is submitted in compliance with Applicant's duty of
21 disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of
22 official record in this application.

23 The Commissioner is hereby authorized to charge payment of fees or credit
24 overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

25 Dated: 12/27/04

By: Lawrence E. Lycke

Reg. No. 38540

01/03/2005 CCHAU1 00000032 120769 09751436

01 FC:1806 180.00 DA

LEE & HAYES, PLLC

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for form 1449/P7O

Complete if Known

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

1

of

1

Application Number

09/751,436

3
† Filing Date

12/29/2000

First Named Inventor

Bassam A. Saliba

Group Art Unit

3628

Examiner Name

Siegfried E. Chencinski

NON-PATENT LITERATURE DOCUMENTS

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2